

#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all Information on this form. For assistance in completing this form, see instructions on the reverse side.

3178562149

IS THIS AN AMENDMENT? Yes

(CFA-4)

**Summary Sheet** FILE NUMBER

Citizens for Decatur Twp Schools

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	v name		
Citizens for Decatur Township Schools			
2. Acronym or Abbreviated Name (If any)	3. Commi	tee Telephone Number	
	317	) 289-4882	
4. Mailing Address (address where all campaign finance correspondence is received) 6612 Greenspire Place	Check if this is	a new address	
5. City, State, ZIP Code Indianapolis, IN 46221	6. Party A	ffiliation <i>(if applicable)</i>	<b>V</b>
CANDIDATE INFORMATION (For Candidate's	Committees	only)	
7. Full Name of Candidate (Include any nickname)	8. Party A	ffiliation or If Independen	t Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Count	y of Residence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	of Organization)	☐ Post-Conv	rention
12. Reporting Period: From: 4/12/2014 Through: 10/7/2014		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		2,170.18	
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)		2,000.00	
15b. Uniternized	TOTAL	650.76 2.650.76	0.00
	TOTAL	4,820.94	0.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)  17a. Itemized (use Schedule B) (Public Question: use Schedule C)		4,542.00	
17b. Unitemized		278.94	
	BTOTAL	4,820.94	0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (use Schedule D)	TOTAL	0.00	5,00
20. Debts OWED TO the committee (use Schedule E)		0.00	
ZV. DEDG OVAED TO the contribited (1984 Schooling C)		0.00	

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMEN	IT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE.
Signature of Treasures Turn	Title Treasurer	Date 10-10-2014
Signature of Candidate (it applicable)		Date
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9.4-5) A person who knowingly		

tiles a traudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indi Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY
Elizabeth of White

OCT 1 0 2014

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10/10/2014 10:25

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# (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INX all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15g of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be Itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R
Citizens	for De	catur Tv	vp Schools
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Indiana State Teachers Association     150 W. Market St.     Indianapolis, IN 46204	Contributions:  Direct In-Kind (describe)			4/17/2014
	Other Receipts: Interest Loan Misc. (specify)	\$2,000.00	\$2,000.00	Mary Farmer
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct   n-Kind (describe)			
	Other Receipts:    Interest   Loan   Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)	·		
	Other Receipts:  Interest Loan  Misc. (specify)			
<b>5</b> .	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ 2,000.00		



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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For essistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

### (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER		
Citizens for Decatur Twp Schools		
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				3	
	PUBLIC QUESTION	ON INFORMATION			
Enter Text of Public Question  For the seven calendar years immediate that does not exceed twenty-nir in addition to all other property tax le	ne and 86/100 cents (0.2986) o	f each one hundred do	ne school corpo llars (\$100) of a	ration impose a Issessed valuat	property tax ion and that is
	Local				
Position: Supported Oppo	psed			_	
RECIPIENT'S NAME AND MAILING ADDRESS (Street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YFAR-TO-DATE	DATE OF EXPENDITURE
PC Signs 2534 Commerce Blvd. Cincinnati OH 45251	sign vendor	Direct	\$2,053.26	\$4,072.67	4/21/2014
Bewley Communications 10310 Majestic Perch Court Indianapolis, IN 46234	t-shirt vendor	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$555.99	\$1,025.72	4/23/2014
Shank Public Relations Counselors 2611 Waterfront Pkwy E 310 Indianapolis, IN 46214	printed materials	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$1,280.07	\$1,280.07	5/13/2014
Damar Charter Academy 5125 Decatur Blvd. Indianapolis, IN 46241	not-for-profit org.	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$250.00	\$250.00	5/27/2014
Decatur Twp Scholarship Fndn. 5725 Kentucky Ave. Indianapolis, IN 46241	not-for-profit org.	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$200.00	\$200.00	5/27/2014
Decatur Twp. Education Fndn. 5725 Kentucky Ave. Indianapolis, IN 46241	not-for-profit org.	Direct In-Kind Payment of Dept Returned Contribution Other Purpose:	\$202.68	\$202.68	5/27/2014
	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$4,542.00		
TOTAL OF ALL PAG	ES OF SCHEDULE C ON THE (Enter total on ITEM 17a of t		\$4,542.00		

## FACSIMILE TRANSMITTAL SHEET

DATE:	October 19th 2014
ORGANIZATION:	Citizens For Decotor Township Schools
PLEASE DELIVER TO:	Marion County Election Board
RECIPIENT'S FAX NO.:	(317) 327- 4815
SENT BY:	Many Farmer,
SENDER'S FAX NO.:	(317) 856-2156
NUMBER OF PAGES SEN	T (INCLUDING COVER SHEET): 4
	CONFIDENTIALITY NOTICE
named recipient, you are not on the information and any a prohibited. If you have rece notify the sender by telephor recipient, you are not author are hereby instructed to dest	is intended only for the use of the recipient named above. If you are not the authorized to read, disclose, copy, distribute or take any action in reliance action other than immediate delivery to the named recipient is strictly ived this fax in error, do not read the information and please immediately ne to arrange for a return of the original documents. If you are the named ized to reveal any of this information to any other unauthorized person and roy the information when no longer needed. If you did not receive all pages gible, please immediately notify the sender by telephone.
	Elzabeth of white
	OCT 10 2014
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